Installer Certification Tag Order Form

Office of Manufactured Housing/Installer ProgramPO Box 42525, Olympia, WA 98504-2525
360-725-2957 • 1-800-964-0852 • FAX 360-586-5880

Please print neatly or type						
(First & Last)						
WAIN5#		Contact Ph	one			
SHIP TAGS TO: Company (If a _l	oplicable):—					
Street or PO Bo	X:					
City, State, Zip:	City, State, Zip:					
Companies/Retailers who purchase tags for an employee must complete the section below.						
Company Name:						
Contact Person:(If other than installer)						
Contact Phone	e:					
	Quantity	Price		Total		
-		\$7.00 e	a.			
NOTE: No certified installer may have more than 30 unreported certification tags at any time. If you are uncertain how many tags you have available, please call us at the number above.						
Make checks o	or money orde	er payable to CTED a	ind mail to:			
				CTED/OMH/Installer Program PO Box 42525		
				Olympia, WA 98504-2525		
It is important i	to include the	e complete mailing a	ddress to a	void a delay in receiving your ord	er.	
OFFICE USE ONLY						
	WAINS verified	Issue Date	Tag #s Issued	-	_	
Notes:						